

11	PHTSICIANS' ORDERS
NAME: Hampton, Randell	
1 7 Konsen	DIAGNOSIS (If Chg'd)
1 769	Tegretal Clewalle iti tab poeses tid x 180 day
\ XX\\). (	The second construction one sected y lax
D.O.B. 10/15/83	TILD Dr. Stadio / G. D. Norm ()
ALLEDOIS	Wall to the state of the state
ALLERGIES: NKDA	
* \( \alpha \) \( \begin{array}{cccccccccccccccccccccccccccccccccccc	
Use Last Date 9/13/05	
	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hanpton Randall	DIAGNOS PERMITTED
	DIAGNOSIS (If Chg'd)
( )	
D.O.B. /0 /15 / 8 / NO	Beturn to population a
0.0.6. 10 115 18 18	10 Seturn to population @ 2:00 pm
ALLERGIES:	10. Dr. Siddle Rale Policion 10
(P/1/1D/07)	Theate Polling Rh
Use Fourth Date	
-410	[] GENERIC OU
NAME: Hampton, Randale	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
226420	DIAGNOSIS (If Chg'd)
- 0.6 4 C	aviolity 1
	at the Dhewback On a
D.O.B. 10115183	of to. De Siddie / And
ALLERGIES: NKA	( Delouinon Ru
DELIGIES. NKA	1. Allia
	Ofani 9
Use Third Date 09 106105	
	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
The state of the s	DIAGNOSIO III DI LI CONTROLLO III DI CON
226420	DIAGNOSIS (If Chg'd) FRAD DER
	Catvil 500 maps 00 / 10 DONY 10 de
D.O.B./O / 15/183	Buttom By to day
ALLEBOUR	June profilex 6 months
ALLERGIES: NKOO	
	wrong Chart
Use Second Date 0710 105	
	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	
Hamitun Rendall	DIAGNOSIS Cabras
# 20 C 140 X	
	Hola Ja Permethren 0.5% from Lead
D.O.B.	1 Leave on X 10-12 his It
	Thower then
	la Repeat in 111
Use First Date O	To O (4 days)
Use First Date Oct 2105	Dog Dadie Doo. Kt.
	GENERIC SUBSTITUTION IS NOT PERMITTED
60110 (4/20)	
60110 (4/03)	EDICAL RECORDS



PHYSICIANS' ORDERS Hampton, 1 DIAGNOSIS (If Chg'd) one of tid x 180 de D.O.B. 10/15/83 ALLERGIES: NKDF Use Last  $\square$  GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED NAME: Hampton DIAGNOSIS (If Chg'd) D.O.B. 10 115 ALLERGIES: Use Fourth Date  $\square$  GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED NAME: Hampton, Randall PIAGNOSIS (If Chg'd) 226420 D.O.B. 10 115 183 ALLERGIES: NKA Use Third Date 09 196105 ☐ GENERIC SUBSTITUTION IS NOT PERMITTED NAME: Ham all DIAGNOSIS (If Chg'd) D.O.B.10 115/183 ALLERGIES: NK DO Date 0710 105 Use Second ☐ GENERIC SUBSTITUTION IS NOT PERMITTED NAME: Hanston DIAGNOSIS Xalias 井つのり D.O.B. ALLERGIES: 07 Use First Date 06-105 GENERIC SUBSTITUTION IS NOT PERMITTED



	PHYSICIANS' ORDERS
	DIAGNOSIS (If Chg'd)
GIES	
Date / /	GENERIC & OBSTITUTION IS NOT PERMITTED
:	DIAGNOSIS (If Chg'd)
B. ERGIES:	
∋ Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
AME: Hampton, Kandal 4/3/	DIAGNOSIS (If Chg'd)  Tegretal Chewalle 300mg pc tid x 100clays
DO.B. 10/15/83	tio. Dr. Siddig/C. Groom Per
ALLERGIES: NKA GIZOY	
Use Third Date 6/3/05	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hermoton, Bandal	DIAGNOSIS (If Chaid)  Line Spirit Lenel  Spirit Lenel
D.O.B. /01/5183	1500 PRO, WA Silding Throw RA
Use Second Date 5/2+25	GENERIC SUBSTITUTION IS NOT PERMITTED 5/2/0
NAME: Brampker Pandell	DIAGNOSIS Mersars 6000 X (na)
D.O.B. /	Martersul 3ww fox incu
ALLERGIES:	Jon of Jon Call
Use First Date 1178	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



	Philodolic
ME: Heampton, Randall 26420	DIAGNOSIS (If Chg'd)
16410	
O.B. / 01/5/83 LLERGIES: Haldol	A LOCA DEDMITTED
Date 4 133165	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
se Last	DIAGNOSIS (If Chg'd)
NAME:	
D.O.B. ALLERGIES:	
	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
Use Fourth Dute	DIAGNOSIS (If Chg'd)
NAME:	
D.O.B. / ALLERGIES:	
	GENERIC SUBSTITUTION IS NOT PERMITTED
Use Third Date / /	DIAGNOSIS (If Chg'd)
NAME:	
D.O.B. 1	
ALLERGIES:	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
Use Second Date / /	DIAGNOSIS
NAME: Hampton Ander	MRPR Lab
D.O.B. 101 15183	The Per TO Dr Siddig & Thicky
ALLERGIES: Holldo	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
Use First Date 4 122105	LI GENERIC SOBOTTI ETT

VAME:

D.O.B.

Use Last

NAME:

D.O.B.

ALLERGIES:

Use Fourth

NAME:

D.O.B.

Use Third

D.O.B.

ALLERGIES:

Use Second

NAME:

ALLERGIES:

NAME: Hampton

**ALLERGIES** 

Date

Date

Date

Date

Humpten Rungt

Date 12VIC



# PHYSICIANS' ORDERS DIAGNOSIS (If Chg'd) GENERIC SUBSTITUTION IS NOT PERMITTED DIAGNOSIS (If Chg'd) GENERIC SUBSTITUTION IS NOT PERMITTED IAGNOSIS (If Chg'd) GENERIC SUBSTITUTION IS NOT PERMITTED DIAGNOSIS (If Chg'd) 2016 GENERIC SUBSTITUTION IS NOT PERMITTED DIAGNOSIS

GENERIC SUBSTITUTION IS NOT PERMIT

\se First

D.O.B. 10 1151 8

ALLERGIES: Harely 11



	DIAGNOSIS (If Chg'd)  Phenogarb Gows Bod X 180)
D.O.B. ALLERGIES: 3 3 101	a The state of the
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 101/100	DIAGNOSIS (If Chg'd)  (1) (ay cus X 29)
D.O.B. ALLERGIES: 3/3/10/	2) Adul 8W fo () MXCO)
Use Fourth Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. ALLERGIES:	DIAGNOSIS (If Ché'd)  (2) No work—  (3) No work—  (3) No proofed Starolf / 16 MX 6ALO
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 2/1 / 2/17/0 2/17/0 Date / /	Shand Popul X 6 Ma
NAME: Hampton Randall 226420	DIAGNOSIS lay i x 200
D.O.B. / / ALLERGIES:  Use First Date / 211740	GENERIC SUBSTITUTION IS NOT PERMITTED
MED	ICAL RECORDS COPY 2/17/0



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B.	
ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B.	
ALLERGIES:	
Use Third Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton Rangell	DIAGNOSIS
AIS 226420 XAV	Phenopubital 60 me tab take take
D.O.B. /01/51 8 8 10 10 1	(1) po BID, X 90 dags
ALLERGIES: WCA THE	Tegretol-chew 100mg tab tah 3 tabs
Use First Date 21/7105	GENERAL BETTER NO SERVICE SERV
Coo i not Date of i i i	The state of the s

### IHM Correctional Services, Inc.



PH	YSICIANS' ORDERS
	DIAGNOSIS (If Chg'd)
IAME:	
D.O.B.: / /	
ALLERGIES:	
	TONIO NOT PERMITTED
Use Last Date:	GENERIC SUBSTITUTION IS NOT PERMITTED
	DIAGNOSIS (If Chg'd)
NAME:	
D.O.B.: /	
ALLERGIES:	
	GENERIC SUBSTITUTION IS NOT PERMITTED
Use Fourth Date: / /	DIAGNOSIS (If Chg'd)
NAME:	DIAGNOSIS (II Olig 9)
DOB: / /	
0.0.2.	
ALLERGIES:	
	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
Use Third Date:	DIAGNOSIS (If Chg'd)
NAME: Happ Im Rondall	DIAGNOSIS (If Chg'd) Gon TPO BID X 184)
Whish of	B
D.O.B.: / /	× ×
ALLERGIES:	
T71140	
Use Second Date: / /	GENERIC SUBSTITUTION IS NOT PERMITTED
Use decond	DIAGNOSIS
NAME: Homplow, Kondall	Banky Do My In Now Jakala
D.O.B.: 10/15/83 #22642	20 0 0 0 1 5/15(0)
D.O.B.: 10/15/83	The way
ALLERGIES: NEA	
A I 12	THOM IS NOT PERMITTED
Use First Date: / / 3/ 0/5	GENERIC SUBSTITUTION IS NOT PERMITTED
WHITE - MED	ICAL RECORDS COPY CANARY - PHARMACY COPY



PH	YSICIANS' ORDERS
VAME: Horyston, Rampan	AGNOSIS (If Chg'd)
1303	Pelese for 1+CV
D.O.B. /61/5183 ALLERGIES:	TO A LICENST PERMITTED
Deta ! 1311 () / 1	DIAGNOSIS (If Chg'd)  OLAGO CARRY TOMA 71M NOW
1010 m	Benadry L 50mg/
D.O.B. 10/15/83 ALLERGIES: NKDA	I.O./Pr. Sander, MD. to L. Rufe las pp
Lies Fourth Date \ 130105	DIAGNOSIS (If Chg'd)
NAME: HAMP ton Randall DO.O.B. P.B. 83	DIAGNOSIS (II CIRCLE) IDMO 7 1 AM DENADAY SONG THE CHECK 2 PACE ON SUICIDE NOT TO TRB DISMENTSONG
ALLERGIES: / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hampton Ranckell	DIAGNOSIS (If Chg'd)  (m) fallorifid Roude 7 to x 6 to
D.O.B. / ALLERGIES:	Adref Sid ford x 100 mg
NAME: Lampton Rondall	DIAGNOSIS Shaw A DAY X 6'0')
D.O.B. 1 1000	Berry Feroxid x 200
ALLERGIES: //// Use First Date / 198105	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



NAME: Harp for lands!	DIAGNOSIS (If Chg'd)
	Bout of Fit 5 X 100 Caf
ALLERGIES: 171/6 (U)	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: FOITH 1010, 1810 PALL	DIAGNOSIS (If Chg'd)
\$226420 holed	Adul 800 10 01 x (0)
D.O.B. 1015183	Mass 1999 Sel-
ALLERGIES: 12/19/10	900
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton Randall R	DIAGNOSIS (If Chg'd) Thoid Renel 275H
YNY	
D.O.B. 1015163 ALLERGIES: NKA	
ALLERGIES: NKM	
Use Third Date 0 15610 \$	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Damphy land	DIAGNOSIS (If Chg'd)  Juntare (50 Prid 1 300)
D.O.B. / GUOLD STATE	71
ALLERGIES:	
Use Second Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hampton, Randall	DIAGNOSIS KELCY OD TOBAX(0)
226420	A CONTRACTOR OF THE STATE OF TH
D.O.B. 10/15/83	Adup IN 10 Bd X 60 )
ALLERGIES: N KA	la, CX 7 dys 1 mg
Use First Date 8 R7 / 04	GENERIC SUBSTITUTION IS NOT PERMITTED
	MEDICAL RECORDS COPY



#### PHYSICIANS' ORDERS DIAGNOSIS (If Chg'd) J.B. LLERGIES: GENERIC SUBSTITUTION IS NOT PERMITTED **B**ate Use Last DIAGNOSIS (If Chg'd) NAME: D.O.B. ALLERGIE ☐ GENERIC SUBSTITUTION IS NOT PERMITTED Use Fourth Date DIAGNOSIS (If Chg'd) D.O.B. 10 15/8% ALLERGIES: MICH ☐ GENERIC SUBSTITUTION IS NOT PERMITTED Date %Use Third DIAGNOSIS (If Chg'd) D.O.B. ALLERGIES: ☐ GENERIC SUBSTITUTION IS NOT PERMITTED Date 7 13010 Use Second DIAGNOSIS NAME: Hampton, Randall 225420 D.O.B. 10/15/83 ALLERGIES: NKA ☐ GENERIC SUBSTITUTION IS NOT PERMITTED Date 13 Use First MEDICAL RECORDS COPY



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hamly Brandal	DIAGNOSIS (If Chg'd)
136470	Harris Pan A Ca Hansley
202/1/6/93	Totale (19410) (1) Judioseos
D.O.B. (1) 15185 ALLERGIES: MLA	Bottom bed maylex(sear
	MD Goddist MTOUL-
Use Second Date 7/ (0/04	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hampton, Randall	DIAGNOSIS
226420	7-8-04/1225
D.O.B. 10/15/83	More inmate from Coll # 1 in
ALLERGIES: NKA	Hou to Sea Ocelly
	Fyd. Danders Dollet Br
Use First Date 7/8/04	GENERIC SUBSTITUTION IS NOT PERMITTED
ME	DICAL RECORDS COPY NOTED - 7-8-04

Madelbert R.



ME:	DIAGNOSIS (If Chg'd)
.O.B. / /	
LLERGIES: se Last Date / /	☐ GENERAL SUBSTITUTION IS NOT PERMITTED
IAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 10 1 18183 07/08/09	DIAGNOSIS (If Chg'd)  Place in Sey off Surail WATER
ALLERGIES: Use Third Date 7 8 1 8 4	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. / 61 / 9 83 10 M. of	DIAGNOSIS (If Chg'd)  Mare in 1N7 in 5pt Destroite  A Septim public
ALLERGIES:  Use Second Date 7 18 10 4	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: // AMPTIO, RANDALL ATS-22642D  D.O.B./01/S 83  ALLERGIES:	DIAGNOSIS  DIAGRAMINI à Spli rortet a  SUI LIATE  HALPIR Sy IM STAT
Use First Date 7 17 104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



	DIAGNOSIS (If Chg'd)
D.O.B.10 /15/83 netrologically all ALLERGIES:	T.O Dr. Sancters
D.O.B.10 /15/83 not on of	Geodon 40 mg I.M. Sandas may Scatt 4
ALLERGIES:	THE COMMON TO THE PARTY OF THE
6.74.04	GENERIC SUBSTITUTION IS NOT PERMITTED
Use Last Date 6 1241 0 4	DIAGNOSIS (If Chg'd)
NAME: Hampton Rondall	Thereferex 181)
AIS 226420	- / // COU 5
D.O.B. / /	
ALLERGIES:	J 673(4
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED(
NAME: HAMPEN, RANDAU	DIAGNOSIS (If Chg'd)
AIS# 226420 noted	Recense To DOC PLACEMENT
a. D. Grant IM	
ALLERGIES: NKDA 6/21/04	(11)
- 6.21.04	GENERIC SUBSTITUTION IS NOT PERMITTED
	DIAGNOSIS (If Chg'd)
NAME: Hompton, Randall	
D.O.B. 10 / 15 83 m. G. 1800 ALLERGIES: NKDA	Benedy 50 mg for 8 the
D.O.B. 10 / 15 83 40 1800	
ALLERGIES: NKDIT	THE NOT BERMITTED
Use Second Date 6 / 18 / 04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED 36 €
NAME: Homesta Philace	DIAGNOSIS  NOLCASE TO DOC PLACEMENT
NAME: HAMIPTON, PANIACE  NOTED  O. D. MINACE  NOTED  O. D. MINACE  O. D.	of Sucine WATE
D.O.B./0 1/3183 Q. D. 17/04	AHM Correctional Services
ALLERGIES: TKOR	Dr. Bill Sanders
- 1. (1/7104)	GENERIC SUBSTITUTION IS NOT PERMITTED
Use First Date C 17/101	MEDICAL RECORDS COPY



NAME: Hongor, AMONIC AIS-226420 MANONIC	DIAGNOSIS (If Chg'd)
AI3-226420 MMWHO  D.O.B. 1015183 HICHIGOY  ALLERGIES:	PARL i Ha in SpT Pertrut
D.O.B. 1015 183 RICA 1604	¿ A SUIGNE Gom
ALLERGIES:	a Svigor watch (Soffing)
Use Last Date 6 1/61 67	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: HAMPTZ, RANDAN	DIAGNOSIS (If Chg*d)
# 22/420	Peter 16 Sx
D.O.B. /61/3183 When I	
ALLERGIES: NXH	
Use Fourth Date 6 1/6104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: HAMPE PROPERLY	DIAGNOSIS (If Chg'd)
# 324.430	Pelase & 5 DT with
D.O.B. 10 115 183	
ALLERGIES:	
Use Third Date & 1 18 104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
	DIAGNOSIS (If Chg'd)
NAME: Houpen, PAID 12 106 (15/0)	Prace is or restraint on
10 1 mg 1	Prair water
D.O.B. 10115 183	M Correctional Services
ALLERGIES: , MH	VI Correctional Services  Dr. Bill Sanders
Use Second Date 6 1 181 84	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: /TAMPTO, RAMPAGE	DIAGNOSIS
AIS# 226420 noted	Relen to Die Aluent
D.O.B./U/S183 noted D.O.B./U/S183 15/5/04	1 cup - 1 10 grunn
ALLERGIES: THOA 5/5/04	
Use First Date 5 15 104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



NAME: HANDER, PROMICE AIS-226420 Manage	DIAGNOSIS (If Chg'd)		
D.O.B. 1015183 PICALIGOY	PACE i Ha in SpT nerthat		
D.O.B. 1015 183 RICH 1604 ALLERGIES:	a Suicine Come		
Use Last Date 6 1/61 67	☐ GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: HAMPE, RADAN	DIAGNOSIS (If Chg'd)		
# 33/430	Peter 16 Sy		
D.O.B. /61/3183 Noted	Tell 1 of		
ALLERGIES: NXH			
Use Fourth Date 6 1/6/04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED		
	DIAGNOSIS (If Chg'd)		
NAME: Hay To PROPER			
\a\dag{\chi}	Pelase f 5 pt with		
D.O.B. 10 115 183 How 14			
Use Third Date & 1 18 104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: Houpe, Paul 12 106 (15/04	DIAGNOSIS (If Chg'd)		
DOB WISSES TO JAM IN	I Suasi water		
D.O.B. 101/5 183	A Correctional Services		
ALLERGIES: MH	M Correctional Services		
Use Second Date 6 1 181 04	Dr. BIII Sanders  □ GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: /TAT-pta, RANDAIL	DIAGNOSIS		
AIS# 226420 noted	Relen to Die Plumt		
D.O.B./U/S183 Q.D. Hantley 5/5/04	Telege of 100 pains		
ALLERGIES: NKDA 5/3/04			
Use First Date 5 15 104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED		
3.3. 3.7. 3.7. 3.7.			



NAME: HAMPIN, RAUPINA	DIAGNOSIS (If Chg'd)
AISH 226420	PLEASE get PLAN SICUL FILM
D.O.B. 101 (SI & 3 A. D. HOUTH IN ALLERGIES: YKDA 5/3/04	( DOCS IK 1+m/ A PLATE IN 15)
Use Last Date 5 1 4 1 04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: HARAPTON, RANDAL	DIAGNOSIS (If Chg'd)
AIS# 226426 noted in	Releve of 5 pt restrait
5/4/V)	+ Close + with Cell Door
ALLERGIES: NKOA	
Use Fourth Date 514107	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: //propto, RANDAR	DIAGNOSIS (If Chg'd)
226420	HOMOR 10, ATTON 4 IM STAT
1, 6, 1,	Spt Resmont in 1WF on Smule
D.O.B. 101 (5183) NEW SOLLAR	WACC
Use Third Date 5 14 1 04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hompton Rondell	DIAGNOSIS (If Chg'd)
TED	2 lanc x 3 days of
D.O.B. / /	
ALLERGIES:	evil some
Use Second Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hompton Rondall	DIAGNOSIS X Key C. Smil
D.O.B. / NOTED	( Amorel on food x cos
ALLERGIES: 3724/04	
Use First Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hampton, Randall 226420	DIAGNOSIS (If Chg'd)  Any (En // ux / hu)
D.O.B. 10/15/83 ALLERGIES: N WAT 103/24	Joy S
NAME: Hampfon Randall	DIAGNOSIS (If Chg'd)
22420 DOB / /	Adul Sel Jorsh X (U)
ALLERGIES: NEA	F31791 (2
Use Second Date 3 19104	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hampton, Randall 226420	DIAGNOSIS Auf Sullw Bid X (dy
D.O.B. 10/15/83 ALLERGIES: N.KA	Deckin DS ford X 15D
Use First Date 3 /19 /04 51	GENERIC SUESTITUTION IS NOT PERMITTED
	MEDICAL RECORDS COPY



#### INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12/15/04	5 -
6:38	0 - Doc reported pt fell while taking '9
	Shower. Sergure activity nated Timens.
	Lethange and continue to lay on matters
	Lethange and continue to lay on matters until medication enrue (Medstaffing 30 occured) R
·	A- alteration in comfort alt segme activity
	P- 1. Continue to observe in enfirmery dorse.
·	for Ihrs.
	2. Monita & vassure Coc.
	S. Roberts RN
12/15/04	5- I'm feeling detter
8138	O- alert forentated X 3. ambulating & and
	assistance no seizure activity matro o Avenut.
	Acesent.
	A - Stable
	P-1. A/t to Supulation - A. Noberts AN
tio Day	<u> </u>
11/8/01	of garle gra
	D Play Bablet Sul
	1 Darkel
	An Mulloon
	Though Adolxid
1	AST, PIRST, MIDDLE)  DOC# DOB R/S FAC.
[ /Ha	mpton, Rendall 226420 10/18/83 B/M BCCF

Hampton, Randall 226420 DOB-10-15-83 NKA



#### PROGRESS NOTES

Date/Time Inmate's Name: 3-27-04 5) Sp 2 St files to the line	D.O.B.: 1 1
1-27-04 D in 2 Stateles total line	e & hd
i g Ri	
Drik Sul	
(us m	
lun U	
Redo So	0
2 Orkled Maced to Jone	349
A sp op suddlike	
	1. A. N
Nwell g lef & x 100, and by	duf 271)
10/14/4 5 Go haref land N left top	
Super or is	
Super or ry	
AD Capy cellulles	
p. will suit Back DS hox 15	-Dag
BUSIN S) Con Sypies	<i>J</i>
Later tensh Big	
Andrew .	
Mouri Sarl Hax 1800	
Complete Both Sides Before Using Another Sheet	

Hampton, Randall 225420



DOB-10-15-83 NKA

#### **PROGRESS NOTES**

	D.O.B.; / /
Date/Time	Inmate's Name:  S ((()) Elbow Spulle
30-04	2/ ( ( ) com pron
	o Fea & Spee as the Elem
	Jear Sprian the Elser
	Ap Stow Sman Dwell & XB2, x do gip a 1/2 Adil
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The same
9110104	s/ 9 swellfa
1 on	
1011	18 mod Destates
	8 mid Besuks novonskip
	of will g Jahan (00 Prof
	I would require to
	to the and Care Some
10 /15/0	O; assersed for Chrome Care Services  My holed 5/5 of persure achine
/ / /	no noted 5/5 of seegmentume
	In a few muth "
	P' les time assessments as indicated
	Ti Sustanted on Salty offatiles and
	Word and understayably - unalsh
	- Vertacine vince
	Complete Both Sides Before Using Another Sheet



#### **EMERGENCY**

ORIGINATING FACILITY	BCC SICK CALL BEMERGENOT
OMISSION DATE  TIME  AM  SIR PDL ESCA  100 PM	PEE U
LERGIES NKA	CONDITION ON ADMISSION  GOOD  PULSE  COMPAND  CO
ITAL SIGNS: TEMP	
ATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
X THORIES NOTED GO PAIN	of Port
IN YUP OF HEAD FROM INJURY	
THAT HAPPEN TUESDAY & S/S	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
INFECTION NOTED	
	PROFILE RIGHT OR LEFT
	A A A A A A A A A A A A A A A A A A A
	ALLA ALLA INTERNALA INTERN
	$\exists () () () () () () () () () () () () () $
PHYSICAL EXAMINATION	
OFNIVERS GIVEN TOTALE	
SOOMS FOR CO HIA	
7	1 46 00
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	17
DIAGNOSIS	
RELAY AND CONTROL TEMPER	CONDITION ON DISCHARGE
DISCHARGE DATE  TIME  AM  RELEASE TRANSF	FERRED TO DOC CONDITION ON DISCHARGE  AMBULANCE SATISFACTORY POOR  FAIR CRITICAL
12 16 05 PM DWSICIAN'S SIGN	OCNOLIN TATION
NURSE'S SIGNATURE	/ MOY BOD BIS FAC
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB NO
HAMPTON RAHDELL	22(4)20 10-15-83 BCC
HAMPTON KHHUCL	DiCONI)

Bureck

Dow. 21-



#### **EMERGENCY**

ADMISSION DATE  TIME ORIGINATING FACILITY SIR DPDL DESCAR	PEE 0	☐ SICK CALL ☐ OUTP.	ATIENT	CY
/3003	CONDITION ON ADMISSION	SHOCK HEMOF	RRHAGE []	COMA
CA OF ORAL	ECAL PULSE 87		CHECK IF STOLIC 00> 50	
So 2 9990			00>50 LACERATIO	N /
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BI	URN XX FRACTURE Z		UTURES
S-Pt out in writing onea or floor face down & officer stated pt having a				
4-				
52"	( )			
	Y		•	
	12,12/	Ja 4	$\bigcap$	/
	Blood to	ζ-,	\\\ /	<b>'</b>
	June	5	1	
		$\sim$		
		PROFILE F	RIGHT OR LEI	-T
			9 F	1A a
	$1/\Lambda$ $\Lambda V \Lambda$ $7$	HALLA 11	//	H17
PHYSICAL EXAMINATION	1 ' '   ` \ \		367	
O-PI shaking but able to follow berbol	1-1-60			/
Commands to a certain degree. It		) (		
avere of sunawdays H+ Ox3, Pesp	1 11/2 10/1	RIGH	IT OR LEFT	
@ 20 89 B 5002 981, HR 87 BPMRRR	1 20 00	7		
Turned Asisted placer onto side (D)				T
Hour is stable Pt asked y come to get	ORDERS / MEDICATIONS / IV FLU		TIME	BY
neas + ptstoled" not his Am " I didn't	P- Adm Phenobor			
water t more more water mely "Pt	tel 300 mg cs Kx			-
denies injury & botto bet inner Lower	Dose Prouded 1			
(Glip. PERRE	to rink oct n	out.		-
Affleria Neuro Logical Status Rf Jz DIAGNOSIS				
DIAGNOSIS				
instructions to patient Medication Regard Amond	ance of schededing	1 Scholy, orc	Metan	PR
DISCHARGE DATE TIME BELEASE / TRANSFERR	ED TO LIBOC CO	NDITION ON DISCHARG	E	. , , ,
11/20/05 900 PM Hopuletin		AIR 🗆	POOR CRITICAL	
NURSE'S SIGNATURE DATE PHYSICIANS SIGNATURE  [ July 1 20 0	POV DATE CO	NSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB R	R/S	FAC.
Hampton Rondoll	226420	10/15/83 B	m R	llak
Sampton Lorde		,		

	Nursing Evaluation Too	ol:	<u>P</u>	<u>Seizure/</u> ostictal Sta	<u>te</u>
Inmate Number:	11 120 2005 Tim	Pirst Date of Birth: $\frac{10}{MM}$ he Seen: $\frac{830}{100}$	_ AM / PM Cir	rcle One	
Subjective: Chief Co	mplaint(s): Limite oct in waiting	g crea hour	- 5 Sz -		
Onset:	of meds = Texald + Phone barb				
(Continue on back if necessary)	illepsy □ NO □ YES Diabetes □ NO □ YES	Head trauma Alcohol Abuse	ONO DYES	heck Here if additional no	tes on back
diaco	entinuation of meds: NO YES				
IF PATIENT IS  Objective: Vital S	re: None Unknown Known (how long ago?)  ACTIVELY SEIZING PROVIDE SUPPORTIVE CARE  Signs: T: 98 P: 87 RR: 20  Do NOT attempt to obtain an oral or rectal temp on	B/P: / 4 o a postictal patient; de	184	FSBS=90	)
Note: Puls Skin: 🖸 Warm	se Ox %: 98 % Room Air 002 LPM: Cool 0 Dry 0 1000 Clammy Skin Color: 0 No	ormal □ Pallor □ Fl	Blood Glud Jaund	COSE.	
Pupil: @PERRL	☐ Pupils unequal/abnormal:	Right	PERRL	Left D	
	ntact	□ □ Unequa	Constricted Dilated al:	<u> </u>	
Incontinence: 🖙	None □ Incontinent urine □ Incontinent feces □ None apparent □ Yes Bit inside of	•			
☐ Additional Findi	ngs				
Continue on back if	xam 15-30 minutes post seizure (If initial evaluation AM / PM Circle One Vital Signs: T: 582 P				80
	Pulse Ox %: 98 % Q-Room Air Q 02 LPM:	ool Dry Moist	clammy P	upiis:	(As Indicated)
Neurologic:(AVP	Postictal-Disoriented Agitate		a c	PERRL Constricted Dilated	0
Assessment: Check All That Apply:	<ul> <li>□ Call Placed To Physician</li> <li>□ Transport to Infirmary for observation.</li> <li>□ Call Placed to 911</li> </ul>		Unequal:		
Plan: Check All That Apply:	Oxygen (2-4LPM per N/C)  Treatment for hypoglycemia, if indicated  Supportive care in quiet safe environment  Other:  (Describe)  Name:	of the 0400 A	coe exp P	n overslept	Noone were himu
x_ (X1)	Name:Nurses Signature	(Holdel Field	7.0 A		

EMER EMER	RGENCY			
PRISON HEALTH EERVICES COMPORATED	0.66	1	- HITTOENICY	,
TIME TO BIGINATING FACILITY	TY BCP	□ SICK CALL	☐EMERGENCY TPATIENT	
DMISSION DATE 10 SIR PDL DES				
1110	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOF	SHOCK HEM	MORRHAGE CC	OMA
LLERGIES	O.L	120 78	RECHECK IF SYSTOLIC	, ]
ORAL RESP.	PULSE 77	B/P // //	SYSTOLIC	
ITAL SIGNS: TEMP		BURN XX FRACTURE	Z LACERATION	/
ATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION #	BURN XX FRACTURE	zsu	TURES
C. La male Hoscasted to				
2 1 (Alton) being				
Juman Office				
hit in the thest orx			<b>`</b>	\
a Visitory mis war	2 ( ) Y	1 1-	4	
Witnessed kn DOC	1 912121	h la	(	/
- William I		(_,	~~\ /	'
The books on the		ξ.	7 \	
O The novem register with		No C	_ `	
The A area water much		Will to the second		
Telions 1		PROF	FILE RIGHT OR LE	FT
D. Dahair as Lo DOC		X taloos	~ F	۱ م
fi fleur		and on	n 191	100
		14 DITH	1 - /X	. VTV-/
	A 10 2 19 19	11000	1000	
PHYSICAL EXAMINATION	VE			1
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		'	
	11/1/1/1	\	RIGHT OR LEFT	
	7 96 0			
	ORDERS / MEDICATIONS / IV	FLUIDS	TIME	BY
	OHDERS / MEDIOATIONS / 1			
THE CHARGE				
DIAGNOSIS	1 3/1-	del		
INSTRUCTIONS TO PATIENT	of A offee	7		
Lelurn To	NSEEBBED TO LEDOC /	CONDITION ON DIS	CHARGE POOR	
DISCHARGE DATE AM	AMBULANCE	SATISFACTORY	☐ CRITICAL	
DATE DUVSICIANS S	<i>                                     </i>	CONSULTATION		
NURSE'S SIGNATURE DATE PHYSICIANS	Va agran			
War of 1110	10 40 DOC#	DOB	R/S	FAC.
INMATE NAME (LAST, FIRST, MIDDLE)	1 1 1 100	10/100	BM	RCC
1/ 1 m fandal	326420	17/10/85	PI	1,00



#### **EMERGENCY**

RISON EALTH RYICES RPORATED			A	uttock		☐ SICK CALL	□ EMERGENC\	4
MISSION DATE	TIME	ORIGINATING FACILITY	Y	iiwer_		□ OU	TPATIENT	
10 / 14 /05	050) PM	USIN CITOL COLOR	C	ONDITION ON A	DMISSION	□ SHOCK □ HEM	ORRHAGE C	OMA
LERGIES NKA	ORAL	DESD 16		GOOD DF/		B/F 20, 60		1
TAL SIGNS: TEMP98	RECTAL	RESP				URN XX FRACTURE		I /
ATURE OF INJURY OR ILLNESS	1	1 / 4		RASION /// CO	ONTUSION # B	XX /	Z   50	TORES
S- 'I get peal	dinne	and I pass	200					
out. My hear	& plint							
0 1 1 10	\$ H	all son W/C		1 >>	4		$\rightarrow$	
U- ambulato	TIV.	3 herp hea	ulan	- }( <del>-</del>	5 5		£0	
alex ex. Skin	istact	no laceral	2	B		ζ.,	15/ /	/
noted Wital	Diator a	re stable	=4		9/	5	1 4	
mul steady	no di	stress rol	ted	1	$\bigvee$		$\leq$	
				. ) (	ノ (	PROF	ILE RIGHT OR LE	FT
A-alteral	loo the	enfort	-		\	1) 000	, PAF	1901
	<u> </u>	emp in	the	10 1	\\/	VI 8/11		VV7
PHYSICAL EXAMINATION	f to the	e pro la	-	11/1	1///		M X	
A.m Live	tylenal !	"Habs		1/1	(Fin) \ \			'
711110 7000	0			) ()	) ))		. <b>.</b>	
				711	h )		RIGHT OR LEFT	
						<b>)</b>		
			}	ORDERS / ME	DICATIONS / IV	FLUIDS	TIME	BY
				Zu	land-	11 tabs qu	ne !	05/0
				PO		, , , , , , , , , , , , , , , , , , ,		
				V				
DIAGNOSIS								
INSTRUCTIONS TO PATIENT	4	+ How	/ is	The #	4. m	to see	mb	
DISCHARGE DATE	TIME	RELEASE / TRAN	NSFERRI	U ^	OC MBULANCE	CONDITION ON DIS	CHARGE ☐ POOR ☐ CRITICAL	
10/14/05	-1/17 DA	PML PHYSICIAN'S SI	GNATUF	E .	DATE	CONSULTATION		
NURSE'S SIGNATURE OF	RIPN 10/1	4/05 PM	10/	17101		DOB	R/S	FAC.
INMATE NAME (LAST, FIR	ST, MIDDLE)	11	-τ (	,	DOC#	1	BIL	Bullon
Ham Aton	Da	1.11			226420	10/15/83	~ .	Bullock
1 Atom Hon	/1an	Man		. 51	Convi			

#### **General Sick Call Nursing Evaluation Tool:** Facility: BBB Patient Name: First Date of Birth: Inmate Number: AM / PM Circle One Date of Report: Brief History: (Continue on back if necess ☐ Check Here if additional notes on back Objective: Vital Signs! (As Indicated) T: 986 P: 92 RR: 22 Risp @ 22 BPM Examination Findings: (Continue on back if necessary) Maerase Assessment: (Referral Status) Preliminary Determination(s): \_\_A\_t ☐ Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) ☐ Recurrent Complaint (More than 2 visits for the same complaint) At @ Knee Draininge ☐ Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Plan: Check All That Apply: Constructions to return if condition worsens. Deducation: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. \(\omega\) YES \(\omega\) NO (If NO then schedule patient for appropriate follow-up visits) OTC Medications given \( \sigma \text{NO NO MS YES (If Yes List): A \sigma \text{Sigma} Date for referral: 10 / 12/2 Referral: 1 NO XXES (If Yes, Whom/Where): Da Silwy Referral Type: Routine Urgent D Emergent (if emergent who was contacted?): \_

Name:

### Nursing Evaluation Tool:

### General Sick Call

Patient Name:		
Patient Name: New Times and Date of Birth: 10 1 10 10 10 10 10 10 10 10 10 10 10 1	Facilif	ity: BBB Bullock Rondall
Subjective: Chief Complaint(s): I full that my load my behind:  Onset:  Brief History: Luca pulling myself up an a pull-up has my side that . Now is represented my Country my loads have back leads. Now is represented my Country my loads back leads.  Objective: Vital Signs: (As Indicated) T: 92 P. 90 RR: 1/6 BIP: 1/10 1 60  Examination Findings: (C) Ance gives way when remain walks, I must status of the patient of an accountry back to the following: (Check all that apply)  Referral NOT REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (Note than 2 wells for the same complaint)  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.	Patier	ent Name: Date of Birth: 10 1/5 180
Subjective: Chief Complaint(s): \$\int \text{Sul} \text{ full }  fu	Inma	ate Number: 32 326 920
Subjective: Chief Complaint(s): I fell # hurl my log # my behind:  Onset:  Brief History: I was pulling enyself up on a pull-up har entiside # fell. Nows!  Continue on byth it preserved my Connex # my lower back heuts.  Objective: Vital Signs: (As Indicated) T: 782 p. 90 RR: 1/6 BIP: 1/10 1/60  Examination Findings: (I have gives way when immal walks, lands States to proper to book it encessary)  Lead to the formal states of the description of the description of the same complaint (More than 2 violes for the same complaint)  Referral REQUIRED due to the following: (Check all that apply)  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 violes for the same complaint)  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:	Date	of Report: $\sqrt{\frac{9}{DD}} \frac{1}{DD} \frac{0.5}{yyyy}$
Brief History: Swas fulling rugsel up on a pull-up has ordiside \$ fell. Now 9    Continue on back if appearance   Injury   Injury	11	
Brief History: Swas fulling rugsel up on a pull-up has ordiside \$ fell. Now 9    Continue on back if appearance   Injury   Injury		1 000 & hust my lea & my behind.
Brief History: A was fulling roughed up on a pull-up has ordiside \$ fell. Now 9  (Continue on back if rocessary)  Examination Findings:  (Continue on back if rocessary)  Deach Here if additional notes on back  Examination Findings:  (Continue on back if rocessary)  Deach Here if additional notes on back  Examination Findings:  (Continue on back if rocessary)  Deach Here if additional notes on back  Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:	Subjective:	Chief Complaint(s):
Objective: Vital Signs: (As Indicated) T: 982 P: 90 RR: 1/6 BIP: 1/0 1 60  Examination Findings: (1) Anex gives way when Inmate walks, Inmate States  Confine on back it necessary)  Lea for the following: (Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		Onset:
Objective: Vital Signs: (As Indicated) T: 982 P: 90 RR: 1/6 BIP: 1/0 1 60  Examination Findings: (1) Anex gives way when Inmate walks, Inmate States  Confine on back it necessary)  Lea for the following: (Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:	Brief History	was pulling myself up on a part feuts.
Objective: Vital Signs: (As Indicated) T: 982 P: 90 RR: 1/6 BIP: 1/0 1 60  Examination Findings: (1) lane gives way when Inmate walks, Inmate States  [Confine on back it necessary)  Less States hack to the following: (Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:	(Continue on bac	then one in (2) Thee & my 10000
Descrive: Vital Signs: (As Indicated) T: 982 P: 90 RR: 1/6 BIP: 1/10 1/60  Examination Findings: (1) Unce gives way when Inmate walks, Inmate States  (Confidence on back if increases by Lack to the Journ of take a shower, then come Back to  Dea the Joans of the Journ of take a shower, then come Back to  Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		Check Here if additional notes on back
Examination Findings: (L) Unles gives way were a shower. How come Back to the Journ & take a shower, then come Back to the Journ & take a shower. How come Back to the Journ & take a shower.  Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		
Examination Findings: (L) Unles gives way were a shower. How come Back to the Journ & take a shower, then come Back to the Journ & take a shower. How come Back to the Journ & take a shower.  Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		RR: 16 BIP: 110 1 50
Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.	<u>Objective</u>	Wital signs: (As more states)
Assessment: (Referral Status) Preliminary Determination(s):  Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.	Examinati	ion Findings: (L) Unce give we take a shower, then come back 12
Assessment: (Referral Status) Preliminary Determination(s):    Referral NOT REQUIRED     Referral REQUIRED   Que to the following: (Check all that apply)   Recurrent Complaint (More than 2 visits for the same complaint)   Other:     Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.    Plan: Check All That Apply:	(Continue on	Sorry back to the form a terre
Assessment: (Referral Status) Preliminary Determination(s):    Referral NOT REQUIRED     Referral REQUIRED   Que to the following: (Check all that apply)   Recurrent Complaint (More than 2 visits for the same complaint)   Other:     Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.	Dec	the doctor at mon:
Assessment: (Referral Status) Preliminary Determination(s):    Referral NOT REQUIRED     Referral REQUIRED   Que to the following: (Check all that apply)   Recurrent Complaint (More than 2 visits for the same complaint)   Other:     Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.		Check Here if additional notes on back
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:	Access	ment: (Referral Status) Preliminary Determination(s):
Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:	Assessi	Referral NOT REQUIRED
Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		Referral REQUIRED due to the following: (Check all that apply)  Referral Requirent Complaint (More than 2 visits for the same complaint)
Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:		
appropriate calle to be given appropriate calle to be given.  Plan: Check All That Apply:		
appropriate calle to be given appropriate called to be giv		the abyeician and/or a nursing supervisor if you have any concerns about the status of the patient of all differences
Plan: Check All That Apply:  Unstructions to return if condition worsens.  Instructions to return if condition worsens an understanding of the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of their medical condition and instructions regarding what they should depend on the nature of the nature		appropriate care to be grown
Instructions to return it condition workshop of the nature of their friedical condition up visits)	Plan:	Check All That Apply:
THE PROCESSION THE PARTY OF THE	in the second	☐ Instructions to return if condition worsens. ☐ Education: The patient demonstrates an understanding of the nature of their medical condition and interest and
as well as appropriate texts		as well as appropriate terms,
Other:		C) Other:
OTC Medications given NO LI YES (II YES LIST)		(Describe) 77.50 (If Vas List):
Referral: U NO UYES (If Yes, Whom/Where):TimeTime	o	Other:
Threat Direct Demorgent (i energent with	0	Time
Name: Anne Groom, IN	0'	Referral: D NO D YES (If Yes, Whom/Where):
X	0.	Referral: NO YES (If Yes, Whom/Where):



Facility: BBB

#### **Nursing Evaluation Tool:**

General Sick Call

Facility: BBB	Panilton Rondoll	
Patient Name:	Date of Birth: 10 1/5 1/983	
Inmate Number:	THE CIPIE Circle On	
Date of Report:	Time Seen: 740 AM PM Circle On	
	s: 1/0 didn't get up this AM to get 4 AM ates muscle Fuitch fust don't Know at y tail bone hurts" this AM.	meds 1
ctive: Chief Complaint(	s): 40 wash go up to don't know it	nts soon.
Onset _St	ates muscle twitter gust been prosesta	
History: 40 m	y tail bone hurts "this HM.	
nue on back if necessary)	V	
		additional notes on back
	(As Indicated) T: 98° P: 60 RR: 20 B/P: 108 168	• • • • • • • • • • • • • • • • • • •
ective: Vital Signs:	(As indicated) 1. 10 F. 00 Min.	
amination Findings: <u>Ve</u>	no WVL moves all 4 Sxtrenelies; No Bumps	
rimue on back if necessary)  AlphoSims  S		
,		
	20.41	if additional notes on back
	Determinations: Alterdian in Confort	level 2"
sessment: (Referral S	Status) Preliminary Determination(s): Alterdion in Confort.  REQUIRED "Butt harding"	
Resentation	QUIRED due to the following: (Check all that apply)	
Referral REC	ent Complaint (More than 2 visits for the same complaint)	
Other:		
	uld contact a physician and/or a nursing supervisor if you have any concerns about the status of the pa	tient or are unsure of the
Comment: You show appropriate care to be	e given.	
lan: Check All That		
Affastructions to re	sturn if condition worsens.  patient demonstrates an understanding of the nature of their medical condition and instructions requality to the patient for appropriate follow-up visits)	parding what they should do
Education: The p	patient demonstrates an understanding of the nature of their modes.  The patient demonstrates an understanding of the nature of their modes. The patient for appropriate follow-up visits) at the follow-up. If YES INO (If NO then schedule patient for appropriate follow-up visits).	1
as well as approprie	to Precations And No 1° Layer 2° Paire 1	n but get!
(Describe)	ate follow-up. DYES DNO (If NO then schedule patient for appropriate tollow-up visits)  Lety Precations And No 1° Layer 2° Precise 1°  NO DYES (If Yes List): Advil 800 mg PO. Tid PRNx 10 d	+ 4Ammed s
OTC medications given	Date for referral:	
. · · /		
Referral: 20 NO 🗆	YES (If Yes, Whom/Where):	MM DD YYYY Time_*
Referral Type: 🗆 Rou	YES (If Yes, Whom/Where):	Time_
Referral Type:  Referral Type:  Rou	YES (If Yes, Whom/Where):	MM DD YYYYTime_*



#### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Hampton, Randa ID# 226720 Dai Nature of problem or request: Neo N	all Date of Request: 2-15-05  te of Birth: Location:  rangual of Phenoback 60.
DO NOT WR	Signature RITE BELOW THIS LINE
Date:/ Time: AM PM Allergies:	RECEIVED  Date: Time: Receiving Nurse Intials
(S)ubjective:	
(O)bjective	
(A)ssessment:	
(P)lan:	
	Dental Daily Treatment Return to Clinic PRN CIRCLE ONE ERGENCY ( ) visor notified: Yes ( ) No ( ) call notified: Yes ( ) No ( )
	SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE



### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Hampton, Kande D# 226420 Da	<u>U</u> Date of Request: <u>1-28-05</u> te of Birth: <u>/0-15-83</u> Location: <u>1-30</u>
Nature of problem or request: my	
' 0	
	· · · · · · · · · · · · · · · · · · ·
DO NOT WIN	Signature
DO NOT WRI	ITE BELOW THIS LINE
Date: 1 128105	
ime: <u>0725 (AM)</u> PM	RECEIVED
Allergies: <u>NKDA</u>	Date: 1-28-05 Time: 0730
	Receiving Nurse Intials (29)
^	
S) ubjective: My feet hunt	
t p	
O) bjective No edema noted	
O) bjechve 100 lalma hora	
A)ssessment: BP120/80 P,80	R.20 Tempi
	V
P)lan: See M)	
· · · · · · · · · · · · · · · · · · ·	
	ental Daily Treatment Return to Clinic PRN
	CIRCLE ONE
Check One: ROUTINE () EMERG  If Emergency was PHS supervisor	
Was MD/PA on call	
	SIGNATURE AND TITLE
WHITE INMATES MEDICAL FILE	A A A A A A A A A A A A A A A A A A A

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF1000 7/95



### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Honory Raylall Date of Request: 12 14 W  ID # Date of Birth: Location: 226400
Nature of problem or request: A have a Dire or My
Signature DO NOT WRITE BELOW THIS LINE
Date://_
(S)ubjective: My hig hurt real back
(0) bjective Open draining aren on @ hip. purelert draining metal. To foul olm. Warm to truet
(A)ssessment: atteration in Compart 20 pair in his
(P)lan: De pe 130/50
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE
Check One: ROUTINE ( )  If Emergency was PHS supervisor notified: Yes ( ) No ( )  Was MD/PA on call notified: Yes ( ) No ( )
Mikhen
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE



## PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Randell	Hampton Date of Request: 119  Date of Birth: Location:
ID# Contact	Date of Birtin
Nature of problem or reque	on my 10 M my but I see
The second	
	Ronde Hampton 22- Co4 20 Signature
	DO NOT WRITE BELOW THIS LINE
Date: 10 10 AM Allergies:	PM  Date: Time: Receiving Nurse Intials
	Rave Domethy on they Rip?
(O) bjective Noted hip, also of proal a (A) ssessment: allera	large area approp for to the boil to buttoneks: Harden a papul mr + drainage to company or pain
(P)lan: So fle	2 mpin Am
Check One: ROUTINE	ntal Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  () EMERGENCY ()  PHS supervisor notified: Yes () No ()  MD/PA on call notified: Yes () No ()
	MRueer
	SIGNATURE AND TITLE

INMATES MEDICAL FILE . WHITE:



### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Randell Ha	moton	_ Date of Request:	9-11-18-04
ID # 226920		th: 10-15-83 Locat	
Nature of problem or request:	To see the	e Health Do	ctos about
lea problem and	medical	record.	0101 417041
- Neg Trade			
	· · · · · · · · · · · · · · · · · · ·		
		Roadell Hameto	n
		Signa	ature
DO N	OT WRITE BEI	OW THIS LINE	
Date: // 120 PY			
Time: 050 AM PM		RECEIVE	· ·
Allergies: NCH		Date: 1/-20-04	
	•	Time: ()575	0.00
		Receiving Nurse Inti	als <u>ECC</u>
at In lasia	oil M	1 / / / / /	/
(S)ubjectives 5 // 100 5/12	9 Wtilly	leg be going	out on me.
(S)ubjectives I'm lossing	ne waling	me I due to	The Pheno.
h 1	710	1/ 0	) (0)
(O) bjective $w\ell$ , $527$	11/128/18	T974 PN K	18
		1 1 1 1 1 1 1 1	
(A) scessment:		· · · · · · · · · · · · · · · · · · ·	
LA /SSESSMEILL			
			· ·
-			
(P)lan:			•
•	6.		
Refer to: MD/PA Mental Heal	th Dental Dail CIRCLE ON	_	n to Clinic PRN
Check One: ROUTINE () E	MERGENCY ()		
If Emergency was PHS sup			
	on call notified:	• • • • • • • • • • • • • • • • • • • •	
TICH EST	on our nounce,	103 ( ) 110 ( )	
$\mathcal{L}$	William	4	u.
· <del>7)</del>	1 UNIVUM	V)	
	SIGN	ATURÉ AND TITLE	

WHITE: INMATES MEDICAL FILE .



### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Randell Hampton	Date of Request: 11-03-40-04
	Birth: <u>/b-/5-83</u> Logation:
Nature of problem or request: 50k to	
Abroughing neet And have a	
- The second sec	
	Signature
DO NOT WRITE I	BELOW THIS LINE
Date: // / 3 / 64	
Date: // / 2 / 6/ Time: 0550. AM PM	REÇEIVED
Allergies:	Date: 11/3/04
Allergies.	Time: 0-550
	Receiving Nurse Intials Of
(I,I)	1.11 - 1 Lund
(S)ubjective: " L'am hoving a p	working a Ny Mount
, ,	
(O)bjective /20/98 98.4 78 20,	1 1 101
(O)ojeenie / / / / /	wt: 156
and A	
(A)ssessment: Altreatur mi	donigut
	$\mathcal{O}$
(P)lan: Refu & M. W. &	A. M. Q 0732
(P)lan: Reflect to M. W. X	mi mi ( oess.
(-)	
Refer to: MD/PA Mental Health Dental	· · · · · · · · · · · · · · · · · · ·
	LE ONE
Check One: ROUTINE ( EMERGENC	
If Emergency was PHS supervisor notif	· · · · · · · · · · · · · · · · · · ·
Was MD/PA on call notif	fied: Yes ( ) No ( )
	NW Hogriff LPM
	SIGNATURE AND TITLE

INMATES MEDICAL FILE WHITE: